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APPLICANTS

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**** CONTINUING DATA ******* *LHB*

This appln claims benefit of 60/391,528 06/25/2002

**** FOREIGN APPLICATIONS ******* *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/10/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 8	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>LHB</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

32361
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TITLE

Moisture-proof resealable, non-cylindrical container for consumer packages

FILING FEE RECEIVED 815	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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